



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>143247</b>		2. Exact name of the Corporation <b>Edward S. Rhodas PTA</b>	
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Nonprofit Parent-Teacher Association providing tools to teachers and students to enhance education and extra curriculum activities by fundraising + donations.</b>	
5. Principal office address <b>160 SHAW AVENUE</b>		City <b>CRANSTON</b>	State <b>R.I.</b>
		Zip <b>02905</b>	
President Name <del>Alisa Omert</del> <b>Emily Grady</b>		Vice-President Name <b>Bill Pyne</b>	
Street Address <b>4 Ferncrest Ave</b>		Street Address <b>85 Sefton Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Secretary Name <b>EVA LOEZOS</b>		Treasurer Name <b>Diane Baxter</b>	
Street Address <b>120 OCEAN AVE</b>		Street Address <b>15 Glen Ave.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Principal James Zarfino</b>		Director Name <b>Alisa Omert (pres. ex officio)</b>	
Street Address <b>160 Shaw Ave</b>		Street Address <b>8 Harbour Terrace</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Director Name <b>Patricia Wohl (Corp. Sec.)</b>		Director Name	
Street Address <b>1957 Broad Street</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
<b>FOR SECRETARY OF STATE USE ONLY</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

**JUN 27 2012**

**3132**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Emily Grady* **6/19/12**  
 Signature of Officer Date

**Emily Grady**  
 Print or Type Name of Officer

**President**  
 Title of Officer